2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005971

City-St-Zip: ATLANTA, GA 30044

Entity Name: EMPLOYMENT SOLUTIONS MANAGEMENT, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	WN POINTE F GA 30338	PARKWAY, SUITE 1040				
Current Mailing Address:			New Mailing Address:			
	WN POINTE F GA 30338	PARKWAY, SUITE 1040				
FEI Number: 58-2575336 FEI Numb		FEI Number Applied For()	FEI Number Not Appl	icable () Certificate	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
1200 SOU	PORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	s registered office or re	gistered agent, or both,	
SIGNATUR	RF.					
		ic Signature of Registered Age	ent		Date	
Election Car		g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BICKES, THOM	POINTE PARKWAY, SUITE 1040	Title: Name: Address: City-St-Zip:	PRES (X) Change (BICKES, THOMAS A 1040 CROWN POINTE PAI ATLANTA, GA 30338		
Title: Name: Address: City-St-Zip:	POOLE, SHAW	POINTE PARKWAY, SUITE 1040	Title: Name: Address: City-St-Zip:	VPRE (X) Change (POOLE, SHAWN W1040 CROWN POINTE PAIATLANTA, GA 30338	,	
Title: Name: Address: City-St-Zip:	GREENBAUM,	POINTE PARKWAY STE 1040	Title: Name: Address: City-St-Zip:	SECR (X) Change (GREENBAUM, SHARON 1040 CROWN POINTE PAI ATLANTA, GA 30338		
Title: Name: Address: City-St-Zip:	TIDMORE, DOI	POINTE PKWY STE 1040	Title: Name: Address: City-St-Zip:	TREA (X) Change (MCDERMOTT, DONI L 1040 CROWN POINTE PK ATLANTA, GA 30338		
Title: Name: Address:	PORRAS, CHR	Delete IS POINTE PKWY STE 1040	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHARON GREENBAUM SECR 01/26/2009